File with: lowa Ethics and Campaign Disclosure Board 510 E. 12<sup>th</sup>, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073

# Reset Form

RECEIVED EMAIL JAN 18 2009

FOR INSTRUCTIONS, SEE BACK OF FORM **DISCLOSURE SUMMARY PAGE** 

COMMITTEE NAME (Must be same as on Statement of C	Organization)			
Taxpayers United	DR-2 (Rev. 07/2007)  For Office Use Only Comm. #35005			
IMPORTANT: Indicate by # type of committee you are reporting (1) Statewide/Legislative/Judge Standing for Retention Candidat (4) County Central Committee (5) County Candidate (6) City C Subdivision Candidate (8) County PAC (9) City PAC (10) School Ballot Issue				
CANDIDATE COMMITTEES ONLY: Candidate Name	Logged In _S Scanned Computer			
Office Sought	District (if Senate or House)			
Late reports are subject to possible civil and criminal penalties	s. Pursuant to lowa Code sections 68B.32A(7)	) and 68A.401(3), the ca	andidate, for a	
Muke \$100 563-570-35 SIGNATURE OF PERSON FILING REPORT TELEPHONE		31 1/18/09		
SIGNATURE OF PERSON FILING REPORT	TELEPHONE	DATES	SIGNED	
I AM FILING A 01/19/2009	REPORT FOR (1) ELECTION /(2	2)NON-ELECTION YE	AR.	
(report date)		Indicate by # 2		
CHECK IF AMENDMENT TO REPORT DATED		ocal Committees, enter D	ate of Election	
☐ Check if this is final (termination) report and attach Not (You must continue to file reports until a DR-3 is	nunty & Local Committees, enter County in sich Election is held			
STATEMENT OF CASH ON H	AND			
CASH ON HAND at the beginning of the reporting period.  committee. This amount MUST be the same as of the last reporting period or must be zero if this	the cash on hand at the end	\$ 127.50	.xx <sub>q</sub>	
ADD TOTAL MONEY TAKEN IN THIS PERIOD		1.40		
Schedule A: Cash Contributions total (Attach Sc				
Schedule F: Loans Received total (Attach Sche				
Schedule H: Total Sales of Campaign Property	(Attach Schedule H)	*******		
(Schedule H applies to Candidates' C		128.90		
	SUB-TOTAL	\$		
SUBTRACT TOTAL MONEY SPENT THIS PER				
Schedule B: Expenditures total (Attach Schedul			3,770,000	
Schedule F: Loan Repayments total (Attach Sci	hedule F)	128.90		
CASH ON HAND at the end of this reporting period (if final	al report balance must be zero)	\$ 126.90		
**UNPAID BILLS (From Schedule D - Attach Schedule D	)	\$		
*IN KIND CONTRIBUTIONS (From Schedule E - Attach S	Schedule E)	\$		
"OUTSTANDING LOANS (From Schedule F - Attach Sc	hedule F)			
CONSULTANT BREAKDOWN (Schedule G Attached?)		YES <u></u>	_ NO	
CANDIDATE COMMITTEES ONLY:				
VALUE OF CAMPAIGN PROPERTY (From Schedule H	- Attach Schedule H)	\$		
STATE COMMITTEES: Submit a reconciled campaign a	ccount bank statement in January of each	year.		

### For Instructions, See Back of Form

# Reset Form

SCHEDULE

(Rev. 07/03)

MONETARY

**RECEIPTS** 

## **CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)	CHECK THIS BOX IF
COMMITTEE NAME (Must be same as on Statement of Organization)	AMENDING FORM
Taxpayers United	

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER
01/08 - 12/08	NUMBER ID# CK#	Family Credit Union - interest 1530 W. 53rd Street Davenport, IA 52806		\$1.40	INCOME
	ID# CK#				
	ID#				
	ID# CK#				
	ID# CK#				
		TOTAL (if last pag	SUB-TOTAL ge of this schedule)	\$ 1.40 \$ 1.40	

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

\_ of (for Schedule A)